

dents not only because of our focus on the "herd" rather than on the individual, but also because of differing values and attitudes. We have also found that departments of community medicine are often expected to serve as advocates for social change. Although we believe that we do have a responsibility to create new models of medical care and to carefully analyze as to whether or not such models work better than those that exist, social medicine is not socialized medicine. Our goal is to provide data and a rational basis for community-wide decision-making and not to take strong advocate positions. In any case, to date we have been highly unsuccessful in effecting any substantial change in the intramural health care system at UC,SD. The chances are that we would be even less successful if we attempted such change in the San Diego community.

#### REFERENCES

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Refer to: Crocker TT: Community medicine at University of California, Irvine. *In* Community Medicine in California—A Symposium. *Calif Med* 118:74-75, Apr 1973

## University of California, Irvine

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COMMUNITY MEDICINE is regarded by the California College of Medicine and, if I may be more inclusive, by the Irvine Campus of the University of California, as the field which encompasses all health service needs of the community. This concept is so broad that it includes services offered by persons who are not commonly educated by schools of medicine or even by university campuses. Accordingly, the Department of Community and Environmental Medicine has identified parts of the broad picture which seemed consistent with

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talents already present at UC,I. The process of identifying centers of interest and academic quality has been going on only since July 1, 1971, when the department was established. Activity in areas related to community medicine was found to be established in the College of Medicine in all departments. Examples are taken from the departments of Psychiatry, Pediatrics, Physical Medicine and Rehabilitation and Internal Medicine.

The Department of Psychiatry, with Dr. Louis Gottschalk as chairman, has strong connections with the Community Mental Health Services Agency of Orange County under the direction of Dr. Ernest Klatte. The Department of Pediatrics, whose chairman is Dr. Thomas Nelson, had active ties to the Orange County Department of Public Health and has developed programs for the school nurses of a number of the school districts of Orange County. The Department of Physical Medicine and Rehabilitation, Dr. Jerome Tobis, chairman, had joined forces with a coalition of community service agencies to establish better services to the disabled of Orange County.

The Department of Medicine, under the chairmanship of Dr. J. E. Berk, had signalled its interest in the process of primary care for patients entering Orange County Medical Center by recruiting Dr. Elsie Giorgi as Director of Ambulatory Care Services of the Medical Center and as a member of the Department of Medicine. Dr. Giorgi became an important member of the Department of Community and Environmental Medicine as well, and was in charge of the teaching program in community medicine for first-year students. Her move to UC,LA is regarded as a gain by that campus, but only a partial loss to UC,I, since she continues to be a member of the UC,I department.

The Departments of Obstetrics, Medicine, Pediatrics, Psychiatry and Surgery had joined then Dean Warren Bostick as an advisory group on behalf of the Family Practice Program, directed by Dr. Blair Pace; this program was incorporated by the Department of Community and Environmental Medicine. The process of training physicians for primary care cannot be done by a single department in a medical school, but the Department of Community and Environmental Medicine will share in this process by evaluation of local needs and student interest, and by assisting in setting up preceptorship opportunities for advanced students and Family Practice residency programs in affiliated hospitals.

The College of Medicine is currently engaged in discussion and joint planning with the County of Orange to determine the scope and organization of the desired role of the University in the publicly organized health care system of this region. The College of Medicine earnestly seeks a role of leadership in such planning and is recruiting faculty with special interests in the planning of health care services. The curriculum of the medical student and the nature of post-graduate training will increasingly emphasize organized ambulatory care services to provide the educational experience necessary for practitioners in the 70's.

The Department of Community and Environmental Medicine set a tone for future development by incorporating into its area of teaching responsibility the field of environmental toxicology. The Department's first appointee was Dr. Dwight Culver as Director of the Division of Occupational and Industrial Medicine. Dr. Harold Hodge was appointed, jointly with UC,SF, as Professor of Pharmacology and Toxicology with the cooperation of Drs. Elliott and Featherstone of UC,I and UC,SF, respectively.

Recently, the department was awarded a contract to manage and conduct research in the Toxic Hazards Research Unit of the Aerospace Medical Research Laboratory at Wright-Patterson Air Force Base. This contract carries with it a number of professional and technical personnel experienced in inhalation toxicology who have become part of the department and who will be engaged in collaborative work between that unit, the Department of Community and Environmental Medicine and investigators in several departments of UC,I, as well as at UC,SF, UC,D, and UC,LA. The capacity of the Department of Community and Environmental Medicine, of the Irvine campus and the University of California more generally, to develop basic and applied research and training programs in industrial and community problems of atmospheric pollution will be greatly enhanced by this affiliation. One aspect of Community Medicine, as served by the Department of Community and Environmental Medicine at UC,I, will become, therefore, a scientifically and technically oriented approach to physical, chemical and biologic health hazards in the environment. These should include within the Department of Community and Environmental Medicine and the College of Medicine, post-graduate training for physicians seeking board certification in Occupa-

tional Medicine, graduate and post-doctoral training in toxicology with emphasis on industrial and community exposure to toxic, carcinogenic and mutagenic hazards, and preparation of nurses, paramedical and technical personnel for this field.

The teaching activities of UC,I schools and programs outside the College of Medicine were recognized as important to the concept of community medicine. The department has participated by joint teaching and planning. The department has provided lecturers in health aspects of air pollution for the School of Engineering, has offered instruction in public health bacteriology for trainees under the Social Ecology Program, and seminars in medical care in community and industrial settings for students of the Graduate School of Administration. Coordination between the Department of Community and Environmental Medicine and other campus units will serve progressively to develop joint teaching activities at UC,I in several major areas of community medicine.

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## California Regional Medical Programs—Area IV

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MANY PHYSICIANS who are privileged to interview applicants for medical schools have become aware during the past few years that an increasing number of these young people list "community medicine" as their ultimate goal. When asked to define this term, they describe one or another version of what most physicians would call family practice. I suspect few medical practitioners can define community medicine more accurately. Most, if they think of it at all, consider it a vague public health term associated somehow with barrios, ghettos and out-of-the-way rural places. Despite

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